

YORK ARES RACES SKYWARN (YARS)
AMATEUR RADIO EMERGENCY COMMUNICATIONS
VOLUNTEER APPLICATION
TODAYS DATE: ____/____/____

OPERATOR NAME: _____ CALLSIGN: _____

HOME ADDRESS: _____ NICK NAME: _____

LICENSE CLASS: _____

City _____ State _____ Zip _____

BORO/TWP: _____ SCHOOL DIST.: _____

TELEPHONE: HOME _____ WORK _____ CELL _____

EMAIL: _____

PERSON TO CONTACT IF YOU ARE INJURED/ILL: _____

TELEPHONE NUMBERS: _____

ARE YOU TWENTY-ONE OR OLDER: YES/NO IF NO, HOW OLD: _____

ARE YOU A REGISTERED MEMBER OF ARES/RACES YES/NO HEARS: YES/NO

ARE YOU WILLING TO HAVE A BACKGROUND CHECK: YES/NO (State Police, not financial)

ARE YOU CERTIFIED IN FIRST AID/CPR/AED: YES/NO _____

HAVE YOU WORKED PRIOR DRILL/EVENT: YES/NO HOW MANY _____

HAVE YOU COMPLETED AN EMCOMM COURSE
I.E. ARRL EC-001, EC-016, KENTUCKY KYHAM YES/NO COURSES: _____

HAVE YOU COMPLETED DHS AUXCOM COURSE YES/NO

HAVE YOU COMPLETED FEMA IS-100 YES/NO, IS-200 YES/NO, IS-700 YES/NO, IS-800 YES/NO

DO YOU HAVE SPECIAL TRAINING I.E. SAR, DISASTER ASSESSMENT, SKYWARN: YES/NO

IF YES, LIST TRAINING : _____

ARE YOU TRAINED AND EQUIPPED TO OPERATE DIGITAL I.E. NBEMS SOFTWARE YES/NO

ARE YOU EQUIPPED TO OPERATE DIGITAL WITH PORTABLE EQUIPMENT YES/NO

DO YOU HAVE MOBIL/PORTABLE VOICE EQUIPMENT: YES/NO

IF YES, BANDS AND MODES _____

DO YOU HAVE 2 METER HT: YES/NO NUMBER OF HT'S: _____

DO YOU HAVE A DUAL BAND 2/440 HT: YES/NO NUMBER OF HT'S: _____

DO YOU HAVE PORTABLE ANTENNAS YES/NO BANDS: _____

DO YOU HAVE BATTERY POWER: YES/NO DEEP CYCLE FOR 24 – 48 HOURS _____

DO YOU HAVE A PORTABLE GENERATOR: YES/NO OUTPUT WATTAGE _____

DO YOU HAVE A "TAKE AWAY/JUMP" KIT: YES/NO

ARE YOU WILLING TO TRAVEL WITHIN 50 MILES: YES/NO

DO YOU HAVE YOUR OWN TRANSPORTATION: YES/NO

WILL YOU WORK AN 8 HOUR SHIFT: YES/NO

WILL YOU WORK MULTIPLE 8 HOURS SHIFTS YES/NO